



**Government of the District of Columbia
Department of Health**



Community Health Administration

APPENDIX A
PRE-APPLICATION CONFERENCE
RFA# CHA-HDMEAL-051013
FAQS - Response to Technical Questions

Q1 Are the allowable costs as defined in the RFA retroactive to October 1, 2012?

Response: No, retroactive costs are not allowed. All costs billable to this award must be incurred during the period of the grant which will be clearly stated in the grant agreement.

Q2 There is no place to put a budget total on Budget Attachment G 1. Can the attachment be modified?

Response: The Meal Delivery Cost Worksheet and Itemized Budget Attachment G1 has been modified to include a budget total. See attached.

Q3 Proposed Staffing Plan Attachment F does not require total effort charged to the award. Can the attachment be modified?

Response: The Proposed Staffing Plan Attachment F has been modified to include total effort charged to the award. See attached.

Q4 There is no definition for homebound.

Response: The homebound population for the purposes of this RFA are defined as a chronically ill resident that "is homebound and unable to leave the home for nourishment". See page 14 under Overview. Additionally, "Meal delivery service may include provisions for one informal caregiver who cannot leave the bedside long enough to obtain or prepare food." See page 15 under Target Population.

Q5 Will there be a requirement for monthly financial reports?

Response: Yes. There will be a requirement for a monthly report detailing itemized spending. During the award process, DOH will review all financial reporting requirements.

Q6 Is it necessary to include menus for items that the contractor is not able to provide and will this impact scoring? Specifically it was mentioned that it may not be feasible to offer kosher meals.

Response: Applicants will be scored on all areas as described in the RFA. It is noted that applicants can elect to obtain special meals from a subcontractor as deemed necessary.



**Government of the District of Columbia
Department of Health**



Community Health Administration

Q7 When would it be necessary to provide bottled water to the homebound population being served by this award?

Response: Bottled water delivery shall be required during a State declared water emergency. Upon declaration by an appointed official, the awardee shall immediately begin including bottled water sufficient to meet the daily drinking needs of the homebound individual as part of its delivery. Delivery of the water shall continue until the emergency is declared over.

Q8 What is expected in the Goals and Objectives section of Work Plan Attachment D?

Response: The applicant will complete the Work Plan to describe how services provided will meet goals and objectives of the project. The applicant will use its discretion to determine the number of sheets to attach.

Q9 Are shelf stable foods an allowable cost?

Response: The over-riding goal of this RFA is to ensure that wholesome, fresh-prepared meals are offered daily to chronically ill District residents who are homebound. Shelf stable foods are allowable only in support of the meal and between meal nourishments. Shelf stable food items are allowable if supported by documentation that food cooking and storage facilities in the home are limited and that food safety is a concern. Grocery deliveries in place of prepared meals are not an allowable cost.

Q10 What positions shall be included on the Staffing Plan?

Response: The applicant shall include staff involved with the delivery of services including food and nutrition therapy services.

Q11 Does the home delivered meal service have to be provided in conjunction with a medical program?

Response: All services described in the Request for Application including, but not limited to, nutrition therapy, delivered meals, and referrals must be provided. The applicant must describe how these services will be provided and the process used to monitor progress.

Q12 Is the purchase of a delivery vehicle an allowable cost?

Response: No. An alternative approach could be to enter into a lease agreement for the duration of the award.



**Government of the District of Columbia
Department of Health**



Community Health Administration

THIS PAGE INTENTIONALLY LEFT BLANK



**Government of the District of Columbia
Department of Health**



Community Health Administration

Attachment G1 Meal Delivery Cost Worksheet and Itemized Budget

Revised 5/16/2013

Agency: _____

Meal Delivery Costs Worksheet	
Estimated Number of Clients to be Served	Click here to enter text.
Daily Meal Cost Per Client (to include all non-personnel costs associated with meal delivery component)	Click here to enter text.
Total Meal Cost During Award Period	

Budget Category – Direct Costs	Proposed Allocation
Personnel	Click here to enter text.
Fringe Benefits	Click here to enter text.
Administrative Supplies	Click here to enter text.
Total Meal Cost During Award Period	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Other(describe in detail)	Click here to enter text.
Subtotal Direct Costs	

Budget Category – Indirect Costs (not to exceed 10%)	Proposed Allocation
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Describe in Detail	Click here to enter text.
Subtotal Indirect Costs	

Total Budget Request	Click here to enter text.
----------------------	---

Director Signature: _____

Date: _____



Government of the District of Columbia
Department of Health



Community Health Administration

Attachment F Proposed Staffing Plan

Revised 5/16/2013

Agency:

Name of Employee (If available)	Position Title	Licensed in the District Y/N**	Annual Salary	% of Effort	Total \$ Charged to Project	Start Date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

** Agency agrees to furnish copies of all applicable licenses upon request.

Director Signature: _____ Date: _____